

**STATE OF MAINE**  
**DOMESTIC CANNABIS ERADICATION/SUPPRESSION PROGRAM**  
**REIMBURSEMENT REPORT**

**ADMINISTRATIVE DATA**

Requesting Agency: _____	
Mailing Address: _____	
Contact Person: _____	Telephone #: _____
Dates for which costs were incurred: From _____ To _____ # Eradication operations in this billing? _____ # of NIDA samples submitted in this billing? _____	

**FINANCIAL DATA**

# Officers in this billing? _____	# Overtime Hours Claimed? _____
Overtime \$: \$ _____	
Associated Overtime Costs: \$ _____	
<b>Total:</b> \$ _____	
In accordance with the Domestic Cannabis Eradication Program guidelines, payment to assist the above named agency in deferring program costs is hereby requested for overtime and for authorized expenses of its law enforcement officers. I certify that the funds requested are for overtime and authorized expenses incurred by officers for work performed in support of the Maine Domestic Cannabis Eradication/Suppression Program.	

**CHIEF EXECUTIVE OFFICER AUTHORIZATION**

<b>NOTE: Payment will be considered only if CANNABIS ERADICATION REPORT (June 2008) is on file that supports this request.</b>	
Signature: _____	Date: _____

Please send original to:  
Domestic Cannabis Eradication/Suppression Program  
Maine Drug Enforcement Agency  
166 State House Station  
Augusta, ME 04333-0166

**DPS USE ONLY**

Approval: _____	Date: _____	Fund: _____
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Please provide the following information for each officer for whom you are citing overtime costs were incurred in support of Maine's Domestic Cannabis Eradication/Suppression Program.

<b>Name:</b> _____			
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized

**Total reimbursement cost requested for this officer: \$** \_\_\_\_\_

<b>Name:</b> _____			
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
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**Total reimbursement cost requested for this officer: \$** \_\_\_\_\_

<b>Name:</b> _____			
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized

**Total reimbursement cost requested for this officer: \$** \_\_\_\_\_

<b>Name:</b> _____			
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized
Eradication Date: _____	Case #: _____	# OT hours: _____	<input type="checkbox"/> Plants eradicated, or <input type="checkbox"/> Indoor grow seized

**Total reimbursement cost requested for this officer: \$** \_\_\_\_\_